

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	NJ	71534	10-3-00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CA	49916	11/19/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	1	10/14/00
2	✓	2	10/19/00
3	✓	3	10/21/00
4	✓	4	10/03/00
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37	✓	37	10/11/00
38	✓	38	10/11/00
39	✓	39	10/11/00
40	✓	40	10/11/00
41			
42	✓	42	10/11/00
43	✓	43	10/11/00
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45			
46	✓	46	10/11/00
47	✓	47	10/11/00
48			
49			
50	✓	50	10/11/00

Claim	Final	Original	Date
1	✓	1	10/14/00
2	✓	2	10/19/00
3	✓	3	10/21/00
4	✓	4	10/03/00
5	✓	5	10/11/00
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74	✓	74	10/11/00
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79	✓	79	10/11/00
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet

(LEFT INSIDE) **BEST AVAILABLE COPY**